

Quality Data Model (QDM) User Group Meeting | AGENDA/MEETING MINUTES

Participants: Apura, Yvette; Balasubramanyam, Balu; Barnes, Itara; Bilik, Dori; Bregman, Howard; Butt, Zahid; Cason, Lynn; Chow, Joan; Dorsey, Karen; Frazier, Pavla; Hall, Deb; Keenan, Megan; Kennedy, Rosemary; Kunisch, Joseph; Lothrop, Patricia; McClure, Rob; Moesel, Christopher; Molla, Gina; Niles, Lauren; Patel, Vaspaan; Roman, Dan; Rubini, Juliet; Skapik, Julia; Smith, Anne; Stapleton, Dawn;

Meeting date | 9/24/2014 2:30 PM EDT | Meeting location | Webinar video link: <https://www4.gotomeeting.com/register/303510935>

Agenda Item	Time/Presenter	Objective	Discussion/Options/Decisions	Comm*
Participants	2:30 / Balu	Welcome participants		
Aug 20th Meeting Minute Review	2:30 / Balu	Review discussion, decisions, and action items from previous meeting	Balu noted that QDM 4.1.1 was released and no further releases are planned until at least after December. Action items from the previous meeting were discussed. <u>QDM-88</u> : was discussed at the Standards Meeting (8/26) and solution was included in QDM 4.1.1. <u>QDM-615</u> : was still pending resolution. <u>QDM-68</u> , <u>QDM-55</u> and <u>QDM-48</u> will be discussed today.	
QDM Issue Review	2:35 PM	<u>QDM-90</u> : Consider removing "anatomical approach site" from Physical Exam datatypes	Participants noted that anatomical site attributes were introduced to support dental measures, but "anatomical approach site" likely should not have been applied to Physical Exam. One user group member provided an example of a laparoscopic and endoscopic view of the colon being two different ways in which approach site and location are represented differently. The user group recommended "anatomical approach site" be removed from Physical Exam, but only after consulting with dental measure stewards first.	
	2:55 PM	<u>QDM-91</u> : Clarify Meaning / Applicability of "method" attribute on "Procedure, Intolerance"	MITRE cited that HQMF has two different ways to represent "method" and if the attribute is kept, this will need to be resolved. After some discussion about possible (and future) interpretations, with no compelling use cases, the user group agreed by consensus to remove the "method" attribute from "Procedure, Intolerance". This is consistent with other "Intolerance" data types.	
	3:15 PM	<u>QDM-68</u> : Consider adding support for additional relationships to the QDM	The 'episodeLink' relationship was discussed as a possible HL7 ActRelationshipType that could be useful in the QDM. There was debate on how 'episodeLink' could be used. Examples of usage cited were: using it for re-admissions; for medications that someone on discharge was on, that is 'episodelink'd to a readmission; linking an ED encounter to the corresponding	

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			<p>inpatient encounter (currently only possible via timing relationships). This last example was identified as a major pain point in the eCQM community today—including the challenge of hospitals using different systems for ED and Inpatient records.</p> <p>It was decided that further investigation was needed to determine requirements, value, and feasibility. The group proposed a sub-group or eMIG discussion. The user group also recommended consulting provider groups such as CMMI pioneer ACOs; and suggested that HL7, measure developers or CQI members explore the possibility of using the ‘episodeLink’ relationship in the context described above.</p> <p>MITRE will create a new QDM ticket on this topic to track and generate comment.</p>	
	3:35 PM	<u>QDM-55</u> : Representing Patient location at the time of death	<p>A participant familiar with CMS’s condition-specific mortality measures (death due to Pneumonia, Cardiac Infarction, etc.) stated that a discharge disposition does exist, but the location of death is not currently captured by EHRs. Whether the death was in or out of the hospital can often be deduced from the expiration timestamp or discharge status, but no further detail is recorded in the structured data.</p> <p>The group discussed that If the measure is looking for a physical location, the movement between floors is very difficult to track, but could not be codified as a SNOMED value anyway. The participants agreed that the term “location” is not referring to a room number, but is more general than that.</p> <p>It was cited that in the case of HAI (Hospital acquired infections) location is of interest, and current implementations use an HL7 value set to choose from a preset list of “healthcare service locations.” One User Group member noted that this is a primary example of an acceptable value set that exists already, but currently may not be allowed in Meaningful Use. There was also some discussion regarding whether or not values should be confined to a specific value set, but all agreed that <i>at least</i> an example set of codes should be provided (while some still want something more formal). It was noted that QDM does not currently support the concept of terminology bindings.</p>	

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			<p>A clinician on the call noted his experience that capturing locations across a multi-hospital system imposes a significant burden regarding the creation and maintenance of the mappings. Another member suggested that while it is definitely additional work, this may be one case in which the additional burden is justified by the value it provides (thinking outside the context of just location of death).</p> <p>One member from the vendor community also took the opportunity to remind the User Group that our mission is to do what is right and what is needed to improve quality and quality measurement. We should determine what we need first, and <i>then</i> determine how to get there. Whether an EHR supports something <i>now</i> is irrelevant at this point in the discussion.</p> <p>The topic of location of death will require further discussion.</p>	
	3:50 PM	<u>QDM-48</u> : Need a new standard element to represent the concept of a provider receiving a referral request	MITRE stated that this has been proposed for discussion in the eMIG, but the discussion has not yet happened. Discussion on the topic was deferred.	
	4:05 PM	<u>QDM-37</u> : Fundamental problem with diagnosis datatypes	<p>Currently, when a diagnosis progresses to another stage, it changes its data type. This is not a good way to model diagnoses, and is inconsistent with FHIR and QUICK. The User Group was asked to consider consolidating Diagnosis datatypes to one data type, potentially with an attribute to indicate its status.</p> <p>There were questions on whether ‘Inactive’ status was really needed; FHIR and QUICK do not represent those status. Would ‘Inactive’ be the same as ‘Resolved’?</p> <p>User group members confirmed that modeling conditions / diagnoses / problems is an important concept, is far-reaching, and can be complex. We should engage a larger community as well as leverage some of the work that has already been done with existing projects (e.g., FHIR). Members also confirmed that having a single datatype, whose status can be tracked over time, would be very helpful.</p> <p>There was some discussion about the ambiguous meaning of ‘Onset’, and whether it is when a diagnosis is made or when the symptoms first started</p>	

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			<p>appearing. The nuance needs to be separated out. It was also noted that the QDM treats problem, diagnosis and condition interchangeably. The QDM should seek to reduce that ambiguity.</p> <p>This topic interested many, and a more focused discussion is needed in the future.</p>	
	4:15 PM	<u>QDM-1284</u> : Stroke 4 Thrombolytic Therapy Contraindication	The Joint Commission could not participate in the user group conversation. As they steward related measures, the topic was deferred from being discussed.	
	4:25 PM	<u>QDM-970</u> : Medications “not done” require an unnecessary level of specificity for the medication that was not given.	<p>MITRE stated that this topic was discussed by the CQI workgroup at the HL7 workgroup meetings in Chicago last week, but the topic did not seem to progress any further. The last proposal (made by someone on the QRDA team) was to use a nullFlavor “NA” and then apply a value set. This would essentially be interpreted as “I did not do any of these things in the value set.”</p> <p>It was agreed that the CQI community needs to figure out how to progress this, and it will likely need to be the addressed in the context of the Standards.</p>	
Next steps	4:30	Conclusion	Next QDM User Group meeting will be held October 15th from 2:30-4:30PM EDT.	

Action Items	Assigned To	Due Date	Status
<u>QDM-88</u> : Bring issue and information to Standards Meeting (8/26)	QDM Management Team	8/26	Completed
<u>QDM-615</u> : Share with Dr .Elliot Main to obtain resolution on the estimated date of confinement. ONC will explore the opportunity of a task force to obtain a longer term solution.	ONC	September User Group Meeting	In progress
<u>QDM-68</u> : Create a new JIRA issue on the applicability, value, and the feasibility of “episodeLink”.	QDM Management Team	October User Group Meeting	In progress
<u>QDM-37</u> : Begin discussion in a sub-group with a wider audience on establishing appropriate definitions for Diagnosis datatypes	QDM Management Team	October User Group Meeting	In progress

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<u>CQM-970</u> : Dr. Joseph Kunisch to reach out to Dr.Floyd Eisenberg for further status and next steps regarding CQM-970.	Dr. Kunisch	October User Group Meeting	In Progress